# OUTS MORNING OF LESSON OF

# **TOWN OF LEXINGTON 2017 ANNUAL DOG LICENSE**

Effective April 1, 2017 - March 31, 2018

### OFFICE OF THE TOWN CLERK

1625 MASSACHUSETTS AVE. LEXINGTON, MA 02420

NAME:	 	 	
ADDRESS:	 	 	

ALL DOGS SIX MONTHS OLD OR OLDER MUST BE LICENSED AND TAGGED.

In accordance with the provisions of Chapter 140 of the Massachusetts General Laws, and the General By-Laws of the Town of Lexington, license is hereby required to own or keep a dog herein described for one year from the first day of April through the 31st day of March. Said dog must be numbered and registered by law, for which the required fee must be paid.

### **Symptoms of Rabies:**

Unexplained aggression, impaired locomotion, varying degrees of paralysis, extreme depression or viciousness. The signs of rabies vary in animals. Some will display attack like behavior while others appear sick or dazed.

### **Kennel Permits:**

No more than 4 dogs may be maintained at any residence in the Town of Lexington without a permit from the Board of Health. (Chapter 193-137A of the Acts of 2012).

PLEASE COMPLETE:				
DOG NAME:				
BREED:				
COLOR:				
SEX:				
EXPIRATION DATE OF RABIES CERTIFICATE ON FILE:				
A License will not be issued if record of rabies vaccine has expired or is not shown.  Documentation of current rabies vaccination must be submitted if not previously filed with the Town Clerk's Office.				
OWNER'S PHONE:				
VET PHONE:				
OWNER'S EMAIL ADDRESS:				
Fees: Neuter (N) / Spay (S) \$15.00 Male (M) / Female (F) \$20.00  Annual License Fee				
TOTAL PAYMENT DUE				

## **PAYMENT METHODS:**

**By mail:** return this <u>complete form</u> and <u>self-addressed</u>, <u>stamped envelope</u>

Make all checks payable to: TOWN OF LEXINGTON

(Please separate dog payment from other payments to Town)

Mail to: Town Clerk's Office, Att: Dog License

1625 Massachusetts Ave., Lexington, MA 02420

In Person: Town Clerk's Office, Town Office Building, 1625 Massachusetts Ave.

Office hours: Monday - Friday 8:30 a.m. - 4:30 p.m.

If you have any questions concerning this invoice, please call the Town Clerk's Office @ 781-698-4558

FAX: 781-861-2754 EMAIL: townclerk@lexingtonma.gov

FOR OFFICE USE ONLY

**INVOICE NUMBER:** 

**DATE PAID:** 

AMOUNT PAID:

LICENSE NUMBER: